PLANNING FOR THE FUTURE:

A Proposal For Services For People With Mental Handicaps

Ministry of Social Services
and Housing
Hon. Norman Jacobsen, Minister

Together We Care

Ministry of Health
Hon. John Jansen, Minister

91-02233/

Introduction

Woodlands and Glendale Lodge are scheduled to close in 1994. As the population in institutions for people with mental handicaps is declining, services in the community are being built up. Many people – parents, advocacy groups and professionals – have been involved in planning and developing community services for people with mental handicaps. This paper describes the range of community services today and proposals for the future for services for adults. The paper does not address services for children.

Issues described in this proposal have been discussed extensively with parents, community organizations and the Provincial Advisory Committee on Services for Persons with Mental Handicaps. The Advisory Committee will be reviewing responses that are received during the consultation process.

You Are Invited

You are invited to participate in the consultation process. Groups can arrange to hear a presentation by staff of Ministry of Social Services and Housing and Ministry of Health by contacting Frank van Zandwijk in the Community Support Services Division; Telephone: 387-1275, FAX: 387-8164.

Individuals or groups who wish to respond in writing can write to Frank van Zandwijk at the Ministry of Social Services and Housing, Parliament Buildings, Victoria, B.C., V8V 1X4.

The attached format (see page 15) may assist in preparing a response, however your response may follow any format you wish.

Please feel free to add additional comments.

If you have questions about this proposal, you can telephone the Western Family to Family Society in Vancouver at 525-1978.

When general agreement has been reached on a plan for the future, there will be further consultation regarding the development of an implementation plan that will lay out in detail how services will be delivered.

Government Commitment

In 1981 the Government of British Columbia made a commitment to integrate residents from provincial institutions for persons with mental handicaps into the community. During the last ten years much has been accomplished:

- In 1981 Tranquille had 324 residents; most have been placed in the community and the institution has been closed.
- Woodlands moved from 1,400 children and adults in the mid 1960's to 850 in 1981. Today there are 258 adults living in the institution.
- Alder Lodge had 40 residents. It is now closed.
- Glendale's population has been halved from 327 to 162.

More important are the changes in the residents who now live in communities throughout the province. People are learning new skills, taking on greater responsibility and have had life experiences beyond expectations and far surpassing what would have been possible for them in their previous environment.

In 1994, Woodlands and Glendale Lodge will close. The next three years will see the final phase of the development of a network of community services to support people with mental handicaps living in the community and the final stages of closing the institutions.

Deinstitutionalization Summary

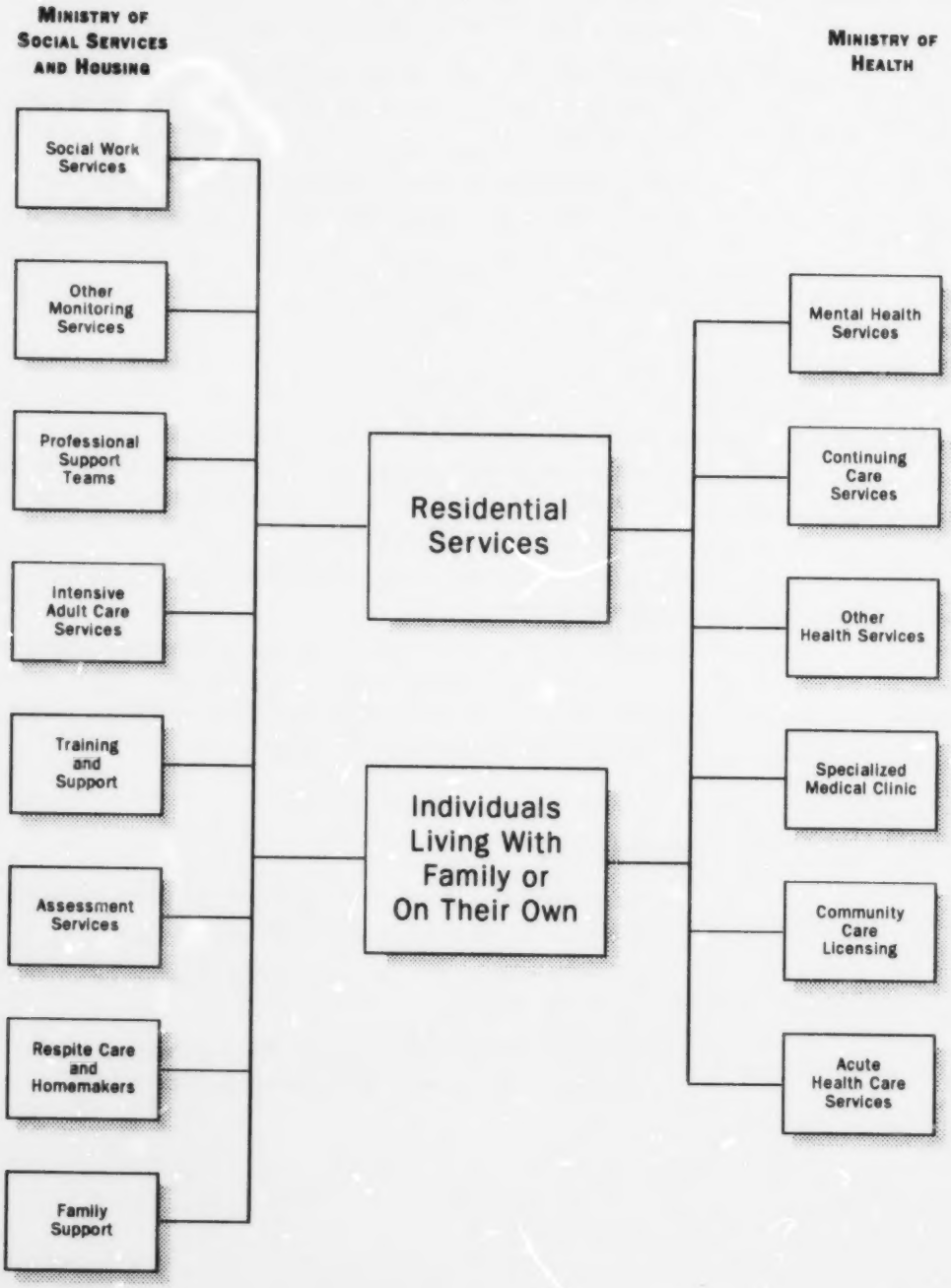
Population in Institutions for Mentally Handicapped

	1981	1991 (Est)
TOTAL	**1,541**	**420**
Tranquille	324	0
Woodlands	850	258
Alder Lodge	40	0
Glendale	327	162

Development of Community Residential Spaces

In 1981	–	1,250	spaces
By 1991	–	1,121	spaces transferred from institutions
	–	1,504	spaces created for residents moving from family homes
By 1994	–	420	spaces transferred from institutions
	–	375	residents moving from family homes
		4,670	(will include 300 respite spaces)

NETWORK OF SERVICES
TO SUPPORT ADULTS WITH A MENTAL HANDICAP
(BY 1994)



Network of Community Services

Government has developed a network of services and resources which support adults with mental handicaps in the community. It is critical that these services be maintained or enhanced and, also, that new services be developed to meet the needs of a small number of people with more complex needs, particularly those with challenging behaviors or specialized health care requirements.

The following outlines the services currently available, what is still required in the community and how government proposes to address these requirements.

Funding for services is obtained through the annual budget and transfer of funds from the institutions.

Enhancements to Current Services

Residential Services

- By the end of March 1991, there will be approximately 3,675 adults with mental handicaps residing in government funded residences throughout British Columbia; it is projected that by 1994, this number will rise to approximately 4,300.
- Homes are staffed or family model generally caring for four people or fewer.
- In addition to annual budget increases, by 1994 the residential care budget will have been increased by approximately $22.8 million to develop community residential care for 372 individuals currently residing in Woodlands and Glendale.

Respite Care

- The government currently funds approximately 200 spaces to provide temporary respite and emergency care spaces.
- Located throughout the province primarily to support individuals living in their family home.
- The Ministry of Social Services and Housing makes annual submissions for funds to meet growing community need.

Intensive Adult Care Services

- Emergency residential care services are provided for all adults with mental handicaps residing in the community who require the service.
- The Woodlands and Glendale downsizing budgets provide funding to enhance existing emergency services.
- By 1994, budget will have increased by approximately $1.09 million per year.

Non-Residential Services

Training and Support

- Approximately 4,000 people living in the community now participate in supported work programs, achievement centres and other day programs and/or receive support through the self-help skills program.
- The amount available for training and support programs will increase by at least $4.9 million per year based solely on programs required by individuals still at Woodlands and Glendale.
- In addition, the Ministry of Social Services and Housing (MSSH) makes annual budget submissions for funds to expand or enrich existing training and support programs.
- MSSH has made a commitment to a comprehensive review of all training and support programs which will influence both service delivery, financial arrangements and future budget allocations.

Professional Support Services

- The equivalent of 45 positions is available throughout the province to provide consultation and training to caregivers and/or develop specialized programs for specific individuals.
- These services will be increased by approximately 9.5 positions ($558,000) by 1994.
- Consultation currently focuses on issues such as behaviour management and communication. The Ministry is reviewing the service.

Social Work Services and Monitoring

- There are currently 100 social worker positions in Ministry of Social Services and Housing and 12 positions in Services to the Handicapped in Ministry of Health throughout the province with sole responsibility for services to adults with mental handicaps. By 1994, this number will be increased to 122 – a ratio of one social worker to 35 adults living in government-funded residential facilities. When people who receive non-residential services are added, the ratio becomes one social worker to 43 persons with a mental handicap.
- Each individual has a unique personal service planning team. It may include representatives of involved ministries, the individual, family members or advocates, service providers and others, with the social worker as chair. The social worker facilitates the development of the plan and is facilitator and coordinator of services.
- Social workers are the fixed point of responsibility for personal service planning with the objectives of ensuring appropriate and accountable planning for individuals.
- Social workers monitor the progress and activities of individuals as well as the resource, which serve them.

Other Monitoring Services

- The Provincial Review Team evaluates care provided by community residential resources. To date the focus has been on homes established for Woodlands and Glendale residents. Limited service has been available to others.
- Enhanced standards of residential care have been incorporated into policy and will be part of the contracting process.
- Families are encouraged to oversee the care provided for their family members; resources are expected to be open and accessible to families.
- The Provincial Advisory Committee on Services to Persons with Mental Handicaps is reviewing methods to enhance monitoring of residential care standards.

Community Care Facilities Licensing

- All residential care resources caring for more than 2 people are required to have a Community Care Facility licence and are subject to inspection at any time.
- Licensing provisions apply to health, safety and program standards.

Assessment Services

- Assessment and consultation services will be available to maintain the expertise and support presently offered by the institutions to all persons with mental handicaps = approximately $900,000/year.
- A model for assessment services will be developed through consultation with parents and other interested parties.

Family Support

- Government will maintain its commitment to working with families both through the planning process for each person leaving Woodlands and Glendale and also through the Personal Service Planning Process which MSSH undertakes for each of its clients in adult residential care.
- Government currently funds both Glendale Lodge and the Western Family to Family Society to provide specific additional support to families whose family members are leaving institutional care.

Crossroads: Future Planning

The programs outlined above reflect a well established network of community services. These services are targeted, in the main, to the social needs and daily living requirements of individuals, that is, a place to live, daily activities and participation in the life of a community. While these are crucial aspects of community living, on their own they are not sufficient. Additional supports are now required:

- To replace services which have, in the past, been provided by the institutions.
- To ensure the ongoing health, safety and security of all persons with mental handicaps.
- To support the requirements of a population with very specialized needs.

Systems of care must be developed to meet the requirements not only of individuals moving out of institutions but those who already live in the community and those whose needs will change over time, for example with age or as health deteriorates.

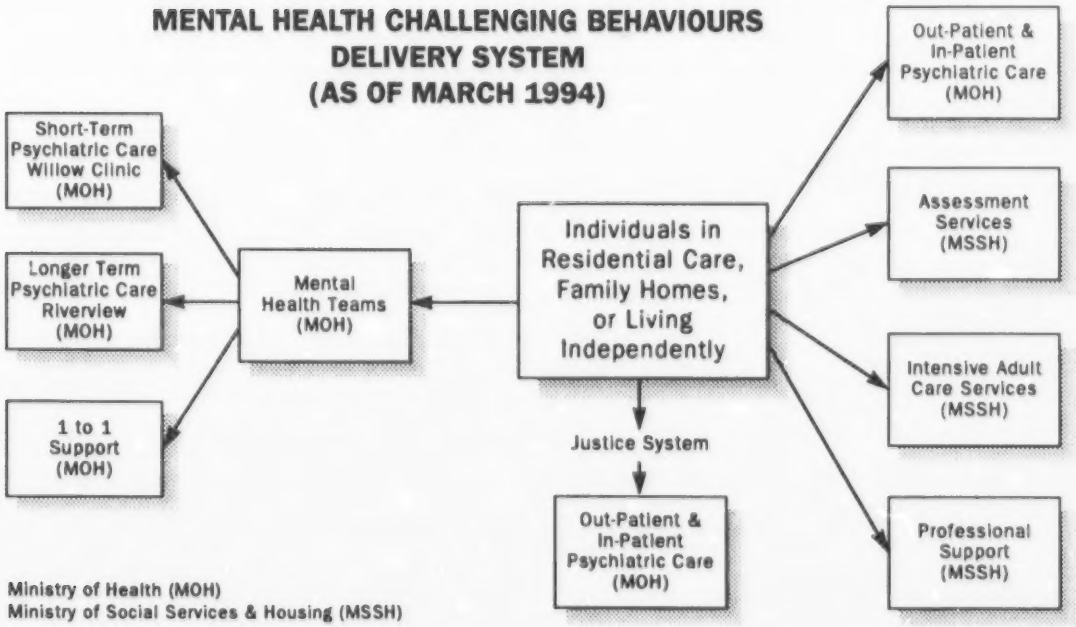
It is critical that a clear plan be developed now for all of the community health services and other supports that will be required after the institutions close. The proposal depends upon redirecting the $47M per year that it currently costs to run Woodlands and Glendale. To move the funding into community services within 3 years will require:

- general support from the community
- a clear vision and action plan and
- coordinated planning and delivery of service.

Planned Initiatives

Mental Health
(Mental Health Services Division, Ministry of Health)

- Five specialized mental health teams are now being developed which will provide direct support and treatment to individuals with challenging behaviors, and consultation and training to their caregivers – approximately $2.9 million/year.
- Academic positions will be created in psychiatry, nursing and psychology – approximately $250,000/year to meet the demand for specialized clinical expertise.
- Twenty short-term residential spaces at Willow Clinic will be available providing assessment, treatment, medications reviews, etc., – approximately $2.3 million/year;
- A continuum of psychiatric hospital services ranging from acute care hospitals to Riverview and the Forensic Psychiatric Institute will be strengthened.



Professional Nurse Monitoring
(Continuing Care Division, Ministry of Health)

- Nursing services for consultation, monitoring, care planning, training, direct care and coordination will be developed.
- Nurses will monitor and support the physical and medical well being of **all** adults with mental handicaps in government funded resources.
- Nurses will be the primary link to all facets of the health care system for those living in residential resources.
- Approximately 32 nursing positions will be phased in by 1994 at a cost of approximately $1.6 million/year.

Home Care Nursing and Physical Therapy
(Continuing Care Division, Ministry of Health)

As with the general population, there will be a relatively small number of individuals who require more specialized health care services, for example, more frequent access to nursing care or significant reliance on physiotherapy. A few individuals are currently living in homes with support from nurses; this type of arrangement will become part of the services delivered through Continuing Care. These requirements can be met through an enhancement of the existing home care nursing, continuing care and community health programs available to all British Columbians.

Over the next three years services will be enriched in the following way:

- Nurses will be available to provide care to approximately 200 people who may require anywhere from 5 to 60 hours of nursing care per month to enable them to remain in a community home rather than a facility.
- Physio/occupational therapy positions will be developed to provide consultative services and training to caregivers on behalf of 300 individuals requiring rehabilitation services.
- The total professional capacity in this area will increase by 45 positions, with the largest increase going towards nursing care.

Approximate Cost = $2.2 million per year.

Residential Support
(Continuing Care Division, Ministry of Health)

A very small number of adults with mental handicaps, 60, or fewer will require continual access to nursing judgement and care. Government is committed to taking innovative approaches to providing this care:

- Parents and other interested groups will be consulted regarding models of care.
- Focus will be on unique settings rather than traditional extended care facilities.
- Short term capacity will also be available for diagnosis and medical assessment.

Approximate Cost = $5.5 million per year

Specialized Health Services

In addition to specialized services, government is committed to strengthening the entire network of preventive services which form the basis of successful community living. For example:

- Five dental hygienists will be available throughout the province and a specialized dental team will be available for training and consultation = approximately $345,000 per year;
- Seating clinics for assessment of seating requirements such as specialized wheelchairs, seating systems, and positioning equipment will be funded = approximately $220,000 per year;
- A grant will be made to the C.N.I.B. to provide assessments, training, etc., for adults who have a mental handicap and a visual impairment = approximately $40,000 per year.

Service Delivery Principles

Planning is based upon two principles. First, and most important, an individual plan is developed for each person who requires services. Services must meet the specific needs of that individual.

The second principle is that, wherever possible, services will be provided through universal programs. They will be adapted as necessary to meet the specific needs of people with mental handicaps. This means, for example, that home care nursing for people with mental handicaps will be delivered through the organizational structure that provides all other homecare services. Services can be modified as necessary through staff training, standards of care, specialized staff, etc.

Service provision based on these two principles allows for maximum integration of people with mental handicaps into the community. It also ensures that as residents needs change, there will be appropriate services available to meet those needs. It limits jurisdictional overlap and makes it easier for the public to access services. And, a not unimportant consideration, it maximizes use of resources, both physical and economic.

Providing services through universal programs will result in province-wide services that are operationally viable and can attract appropriate resources.

Program Realignment

To provide services through universal programs requires some realignment in service delivery within the Ministry of Health and between the Ministries of Health and Social Services and Housing. It will also require the development of interministerial protocols.

Since 1986, some of the residents of institutions for people with a mental handicap have been the responsibility of the Ministry of Social Services and Housing while others have been the responsibility of the Ministry of Health. Residents become the responsibility of one or the other Ministry on the basis of their health care needs. However, health care needs frequently change so the distinction becomes unclear and result in duplication of service and confusion to families. This will become more problematic after the institutions have closed. To make the most effective use of resources, a realignment of services has been agreed to by the two ministries.

Social Services and Housing will develop and manage all residential care services except residential care for the small number of individuals who need continuous on-site access to nursing services.

The Ministry of Health will focus on providing professional health services to residents in their homes and through the acute care system, specialized health services, mental health services and residential continuing care for a small number with very complex needs. The Ministry of Health will retain responsibility for services to children with physical handicaps through programs including the Associate Family Program and the At Home Program. It will also retain responsibility for the placement of adults with multiple handicaps who do not have a mental handicap from facilities such as Queen Alexandra Hospital and Sunny Hill.

Health care professionals will play important roles not only in designing and delivering services but, also in influencing perceptions, attitudes and participation of other health care professionals. By reaching out to physicians, nurses, physiotherapists and dentists, etc. the Ministry of Health will lay the ground work for a community health care system that will meet the needs of persons with mental handicaps not just during the downsizing process but for years to come.

Internal Realignment

The development of these services will involve some realignment of responsibility within the Ministry of Health. The Continuing Care Division and the Mental Health Services Division will assume responsibility for the nursing, residential continuing care, and other specialized health services outlined in this proposal. Within the Continuing Care Division, Services to the Handicapped will have an ongoing responsibility for providing consultation, training and policy advice to support the nursing and other health services. In addition, Services to the Handicapped will continue to be responsible for the development of community-based residential and non-residential alternatives for young adults with multiple handicaps who live or would be eligible to live in places such as Queen Alexandra and Sunny Hill Hospitals. The question of which division in the Ministry of Health will assume the ongoing responsibility for the Associate Family Program and the At Home Program is still under review and the Ministry of Health is interested in receiving comments on this issue.

What Happens Next?

When there has been general agreement on a plan for the future, there will be a further opportunity for consultation and involvement in the development of an implementation and transition plan. There will also be an opportunity for consultation in addressing issues that Government has identified for review, including monitoring, training and support programs, professional support services, assessment services, and models for residential continuing care. Consultation will involve individuals, families, organizations delivering services and advocacy organizations.

This paper describes the types of services that Government proposes to put in place and the roles that the ministries and divisions within ministries will play in providing the services. It does not answer questions about individual situations. Government remains committed to individualized planning, involvement of families in the planning process, and continuity of service. Follow-up meetings will be held to discuss planning for individuals within the context of the services being proposed.

Suggested Format for Providing Feedback on the Plan

1. What is your overall reaction to the plan?
   - strengths?
   - weaknesses or gaps?
   - impact on your family member, family or the people you serve?
2. What is your reaction to each of the following components of the plan?

   New Community Services:

   a) Mental Health Services (mental health teams; 1 to 1 support; short-term residential care; longer term psychiatric care, forensic services)

   b) Continuing Care (nursing professional support; periodic home nursing; rehabilitation services; residential continuing care)

   c) other Health Services (seating clinic; mobility training; preventive dentistry)

   d) specialized medical clinic

   e) strategies to improve access to the acute health system such as doctors and hospitals

   f) assessment services

   Enhanced Services:

   a) increased social work services (Personal Service Planning and monitoring)

   b) other monitoring services

   c) increased professional support teams and intensive adult care services

   d) non-residential programs

   e) respite care

   f) family support

3. What components of the plan do you support?

4. What components of the plan do you have concerns about and what are these concerns?

5. What changes would you suggest in those components of the plan that you have concerns about?

6. How would you priorize each component of the plan relative to other components?

7. What is your reaction to the proposed service delivery structure and the realignment of responsibilities within the Ministry of Health and between the Ministry of Health and the Ministry of Social Services and Housing?

8. The assignment of responsibilities within and between Ministries is based on the principle that adults with a mental handicap should be able to access services in the same manner as the rest of the population and that a specialized focus within a generic service is preferable to a stand-alone specialized service (this is the rationale for Continuing Care Home Care Nursing service being assigned responsibility for the specialized home care nursing component of this plan).

   Do you agree with this principle?

9. Are there particular philosophical principles, values and approaches to practice that the Ministries should adhere to in providing services to individuals with a mental handicap?

10. Do you have concerns that are not addressed in the plan?

    - what are those concerns?
    - how would you priorize them relative to the concerns being addressed in the plan?

11. What are the issues that should be considered in planning for the implementation of this plan?

12. What are the issues that should be considered in the realignment of responsibilities within and between Ministries?